COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

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AAA TUESDAY E-MAILING
February 1, 2005

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COMMONWEALTH of VIRGINIA
Department for the Aging
Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: AAA Directors

FROM: Bill Peterson

DATE: February 1, 2005

SUBJECT: **Integration of Aging and Disability Services**

Attached is a copy of an article by Dr. Ed Ansello, director of the VCU Center on Aging, on the development of coalitions in Virginia which seek to integrate aging and disability services. This article appears in the current issue of the *Public Policy and Aging Report*.

More information may be obtained from Dr. Ansello by emailing eansello@vcu.edu or by calling him at 804-828-1525.

Attachment

1610 Forest Avenue, Suite 100, Richmond, Virginia 23229
Toll-Free (800) 552-3402 (V/TTY) Telephone (804) 662-9333 Fax (804) 662-9354
Email: aging@vda.virginia.gov Website: www.vda.virginia.gov

Public Policy & Aging Report

Winter 2004 Volume 14, Number 4

Public Policy Writ Small: Coalitions at the Intersection of Aging and Lifelong Disabilities

Edward F. Ansello

In the absence of articulated national public policy directed to the well being of aging adults with lifelong disabilities and their family caregivers, purposeful, often short-lived local and regional coalitions are creating ways of maximizing existing resources to serve these populations. In the process, these coalitions operationalize a "make do" philosophy of human services, highlighting, among other things, the strengths of intersystem collaborations and the weaknesses of piecemeal public policies that have led to insular bureaucracies and narrow-focused practices. These coalitions may, as well, function as *de facto* laboratories for emerging public policy. In addition, these coalitions underscore the practical reality that families are the foundation of chronic care, and that any public policy development aimed at aging with lifelong disabilities must include strengthening family caregiving.

A lifelong, developmental disability results from a physical or mental impairment, or from both, that manifests before age 22, is likely to continue indefinitely, and limits functioning in such major life activities such as self-care, mobility, language, and capacity for independent living. Developmental disabilities *may* include cerebral palsy, blindness, deafness, autism, intellectual disabilities, and other conditions, but the legal definition (Public Law 100-146) is functional not categorical. Until recently,

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Issues in the Further Integration of Aging and Disability Services

Michelle Putnam

Growing older and experiencing disability are different phenomena. Or at least that is how individuals, institutions, and public policies have historically posited them. However, once aging is envisioned by most people to include the experience of disability and—the more recent development—disability increasingly encompasses the experience of old age, this assumption requires immediate modification. Because in the past, many people with significant impairments acquired in youth or middle age did not live as long as their non-disabled counterparts, today we confront a new and melding population stream—persons aging with long term disability. This development is pushing the boundaries of gerontological science by forcing recognition of a new population aging dynamic.

Within the past decade, policy initiatives have begun to target both older adults and people with disabilities under one bureaucratic umbrella, principally for reasons of more efficient services delivery and administration. From a macro perspective, a universal and streamlined means of providing services can be viewed as an effective programmatic approach, especially in light of a growing consumer base and limited funding. However, a more micro-level analysis reveals many difficulties in "merging" aging and disability program consumers and service networks.

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Aging and Disability: Congruence or Conflict?

A publication of the **National Academy on an Aging Society**
a policy institute of **The Gerontological Society of America**

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Please address all editorial inquiries to Robert B. Hudson, Boston University, School of Social Work, 264 Bay State Road, Boston, MA 02215. e-mail: rhudson@bu.edu

ISSN 1055-3037

Aging and Disability: Congruence or Conflict?

Robert B. Hudson, Editor

Long separate spheres of life circumstances and bureaucracy, the worlds of aging and disability find themselves coming together today – sometimes haltingly, sometimes effectively. Historically, this separation was understandable in that disabilities, certainly life-long ones, often resulted in death prior to individuals' having attained prevailing standards of "old age." More recently, however, growing numbers of older people are suffering from disabilities, and growing numbers of persons with disabilities are living into late life. For reasons examined in these pages, this convergence has yielded a promising, but not seamless, integration of services objectives and modalities.

Despite these difficulties, forceful streams are bringing these two service spheres together. On the one hand, concerns about costs and service equity have placed many adults with disabilities under the purview of aging network agencies in recent years. On the other hand, civil rights and advocacy efforts – the Centers for Independent Living Movement (CILs); the Olmstead decision, Cash and Counseling demonstrations – have made community-based services and consumer/client decision-making front-burner issues. Medicaid waivers have proven to be a powerful institutional force furthering these efforts.

The articles in this issue review the historical, clinical, bureaucratic, and ethical factors that surround the uneven joining of these heretofore separate worlds. Michelle Putman introduces the subject, noting, in part, the tensions created by the role of self-advocacy in the case of the disability community's making a public issue out of a social condition in contrast to the aging community's more traditional reliance on families and professionals to perform advocacy functions. She also stresses the paradigmatic importance of the CIL Movement's stressing the need to right the "mismatch" between personal ability and environmental characteristics.

Elias Cohen focuses on the historical penchant for "categorization" in American human services history. He sees this as a disservice on both an individual-level (people have multiple "categories") and on a bureaucratic level. In particular, he notes how badly elderly persons with severe psychiatric disabilities have been served by this dysfunctional services model. Edward Ansello acknowledges the difficulties, but speaks with more optimism than Cohen. Concentrating his attention on persons with life-long disabilities, he points to a number of state- and local-level initiatives where meaningful cross-network collaboration has taken place. Looking more directly at the bureaucratic politics, Rosalie Kane poses the critical question of what are the organizational and services advantages for the aging-oriented agencies to coalesce with disability interests in improving consumer choice and quality control in long-term care. She also explores what types of coalitions may work best to that end. Finally, using data generated by Medstat for CMS, we break out community-based Medicaid funding for the aged and people with disabilities.

The editors would like to thank Michelle Putnam for her assistance in preparation of this issue of *PP&AR*. Dr. Putnam organized a conference on this topic at the George Warren Brown School of Social Work at Washington University in St. Louis and worked with the editors to bring this issue to fruition.

—*Continued From Page 1*

developmental disabilities was synonymous with an abbreviated life expectancy, e.g., 35-45 years for a person with mental retardation in the 1960s (Janicki and Wisniewski, 1985). Today there are an estimated half million or more individuals with lifelong, developmental disabilities just among the nation's older (ages 60 and above) population.

Aging With Lifelong Disablilities: Not on the Radar Screen

Not so long ago, our office conducted a series of surveys of state units on aging and state units on developmental disabilities to determine their "hot button" issues, where they were focusing their policies, practices, and resources. Nearly 100 percent responded to the first, abbreviated inquiry, with far fewer completing the second, more detailed version. Nonetheless, the pattern was clear: aging with lifelong disabilities was not a hot issue for either system. If the phenomenon did receive attention, it was a reactive response to a problem or a noisy advocacy issue rather than a proactive positioning to prepare for what is surely coming.

"In less than 20 years, the median life expectancy for someone with Down syndrome has nearly doubled, to almost 50 years."

The aging of adults with lifelong, developmental disabilities is, in large measure, a worldwide phenomenon of recent history whose appearance has caught many policy makers and practitioners fairly off guard. Its acceleration helps to explain some of the lack of awareness. For example, in less than 20 years, the median life expectancy for someone with Down syndrome has nearly doubled, to almost 50 years. Everyday experience reveals, to those who take the time to look, numerous instances of aging "children" with lifelong disabilities accompanying their parents to grocery stores, houses of worship, and the malls. These children, in their forties, fifties, and beyond, have been here all along, aging invisibly. We used to joke with students in introductory gerontology classes that, unlike predicting birth rates, there is little mystery to aging-related demographics because groups of older adults do not appear from nowhere; they can be followed for decades through mid- to late-life with lock step predictability. Yet today we estimate that one of every 100 older Americans is someone who has aged through the life course with a lifelong disability, and there are two to three similar adults waiting in mid-life to age into senior status. Where did they come from? How did this happen? Why didn't we get the memo?

The contributors to the broad increase in longevity for individuals with such lifelong, developmental disabilities as cerebral palsy and mental retardation (referenced increasingly as intellectual disabilities by colleagues around the world) include improved health care, appropriate treatment of midlife conditions like cardiovascular problems, diabetes, and obesity that shortened already compromised health status, and, pointedly, the prolonged survival of caregiving parents. The gift of time, the significant increase in life expectancy in the twentieth century, was broadcast widely. Recipients included the parents of children with lifelong disabilities, as well as the children themselves. So, longer parents' lives meant extended opportunities for family caregiving in community settings. Contrary to myth and popular wisdom, throughout the twentieth century, the majority of parents of children with lifelong disabilities did not place their children into institutional care but, rather, kept their children at home, despite the well-intentioned urgings to the contrary by healthcare and social services practitioners. Severe physical disabilities and profound intellectual disabilities presented exceptions to this pattern, but most of the children with lifelong disabilities aged in place in their parents' home and their communities, becoming today's cohort of older adults.

The Systems on Parallel Tracks

The aging and developmental disabilities services system have operated on parallel tracks since their inception. The federal Older Americans Act (OAA) and the Developmental Disabilities Assistance and Bill of Rights Act delineate fundamental differences in philosophy. The OAA outlines a series of entitlements accessible upon obtaining age 60. Funding formulas, activating a network from the federal Department of Health and Human Services to the various state units on aging to local Area Agencies on Aging, effectively prioritize certain categories of older Americans (e.g., low income, rural, minority, etc) and establish a system that values numbers of people served through programs. We have called this the McDonaldization of human services, "billions and billions served." The developmental disabilities system, on the other hand, is less uniform. There are several models employed within the states to administer disabilities related funds and Medicaid is a major payer of services. Basically, once screened and approved for services,

a consumer of developmental disabilities services retains a slot for funds. Waiting lists for services may be common, but funded persons obtain individualized services. Beyond the differences in program versus individualized services mentalities, there are other operational differences. The aging network functions most efficiently with mainstream elders, i.e., those without labor-intensive needs, since programmatic funding allocations must be stretched to serve the largest number. The developmental disabilities service system actualizes early intervention, maintaining extensive pediatric expertise in the belief that help early in life will improve prospects for the individual over the life course. So, in effect, the aging network has little disabilities-related expertise, while the disabilities system has little aging-related expertise.

Assisted Autonomy

Moody's (1992) analyses of the contemporary fascination with autonomy and its elevation to near sacred status as "our supreme virtue" reveal the flaws in equating autonomy with individualism and independence from others, when the concept is applied to the lives of individuals with impairments. As Moody noted, too often autonomy-as-independence fails to consider the deeper human needs for respect, social connections, care, and meaning. He chooses, instead, to emphasize the ideal of human dignity, and to disentangle dignity from individual rights and autonomy, for "dignity is far more bound up with the interpersonal and social fabric than with isolated acts of rational deliberation or consent" (Moody, 1992, p.4). Applying this principle to the lives of those who age with lifelong disabilities means that for them to exercise "choice" autonomy (being able to select options) and "resolution" autonomy (being able to carry out these options) will likely require negotiation with and assistance from others. This process of "assisted autonomy" (Janicki & Ansello, 2000) involves interpersonal action and confirms their human dignity. To this point, intersystem collaboration between the aging and developmental disabilities networks may be seen to broaden the opportunities for assisted autonomy by older consumers and their family caregivers.

Construction at the Intersection of Aging and Developmental Disabilities

In the mid- to late-1980s a number of localities and regions began to experiment with intersystem responses to the aging of individuals with lifelong disabilities. On a larger level, the New York State Office on Mental Retardation and Developmental Disabilities created an office within itself to focus upon aging, and, soon after, the Maryland Developmental Disabilities Administration hired a full-time administrator to encourage or coach collaborations. More commonly, towns, cities, and counties in several states initiated coalitions to introduce to each other players in the aging network and developmental disabilities systems. These meetings occasionally failed to rise beyond mutual mistrust but sometimes evolved into productive vehicles for cross-training, public awareness, resource sharing, and other initiatives to equip agencies to prepare for aging with lifelong disabilities and improve consumers' and family caregivers' familiarity with a wider array of existing community supports. The University of Maryland Center on Aging received the first AoA Title IV discretionary grant on aging and developmental disabilities in 1986 for the first of what became three Partners projects focused on understanding and bringing together the aging and developmental disabilities systems. Over the next decade the Partners project staff interacted successively with colleagues in New York, Missouri, Kentucky, Virginia, Florida, Alabama, Texas, and elsewhere to compare processes and results gained from collaborative efforts. Several commonalities emerged and there seem to be essential elements for successful intersystem collaborations to benefit aging with lifelong, developmental disabilities.

For the Disabilities System, Aging Is a Success. For the Aging Network, Disabilities Is a Failure

Like many generalizations, this one has exceptions. But its central truth helps to explain why the aging network is more often tardy to the collaboration table. Developmental disabilities direct-service providers tend to see the aging network of senior centers, social and nutritional programs, and adult day care centers as presenting new opportunities for their system's consumers. Those in the aging network, however, often anticipate, incorrectly, that integrating older adults with developmental disabilities will break their already strained ability to serve the greatest numbers with the fewest staff, because such newcomers would be too labor-intensive. In fact, intersystem collaboration brings exposure to the strengths and weaknesses of other systems and cultivates the careful planning needed for successful integration. But how does the collaboration start? The following seem key at the outset:

1. *Neutral broker*. In a substantial number of cases, e.g., Maryland, Kentucky, Alabama, Florida, etc, the systems were called together by individuals with no vested interest in either system of direct care services,

namely, academic educational gerontologists. One of the first coalitions, and certainly the longest lived, was the Oneida-Lewis Coalition, brokered by an educational gerontologist at Utica College, a place where the coalition's first meetings were held. A neutral convener, convening at a neutral site, has been a common feature in success. Educational gerontologists may also serve as trainers in content, sources of interns or practicum students, researchers and evaluators.

2. *Spark*. Someone perceives the potential of intersystem cooperation and champions going beyond the status quo. This zealot persists until the initial meetings happen, then may or may not continue involvement.
3. *Specific problem*. The spark sees, perhaps more clearly than do others, that some obstacle, policy, or shortage is a problem than can be overcome by concerted action. For example, being prematurely old with a lifelong disability but still too young for age 60 entitlement to Older Americans Act programs might be such a problem.
4. *Incentive*. The spark may help people in various organizations see potential benefits from collaboration. These might include broadened options for consumers, shared resources, free access to expertise, planning for an agency's future needs, etc. Enlightened self-interest is a fundamental motivator.
5. *Focus*. While tackling the mountain of "transportation" may be daunting, developing schemes to share a van already in use is achievable. Successful collaborations tend to peel away aspects of the larger "problem" and to identify small-scale steps that effect an immediate end.
6. *Objectives*. Coalitions set objectives and specific action steps to accomplish their focus matter. The Oneida-Lewis Coalition, for example, continued to set one-, three-, and five-year objectives over its long life. Without objectives to aim for, coalitions inevitably exhaust their initial enthusiasm. If an individual with lifelong disabilities is socially isolated, participation in a "generic" OAA-funded Friendship Café might supply both social and nutritional benefits; if he or she is under age 60, the coalition must identify and secure alternative funding for the cost of the meals and transportation to the Café site.
7. *Approvals*. Sometimes coalitions fail because someone within an agency is enthused about participating and invests "discretionary" time. This laudable voluntary commitment may or may not be shared by the person's superiors, and this person may or may not represent true engagement by the agency. If this person leaves or changes responsibilities within the agency, what happens to the commitment? In successful coalitions, organizations are likely to designate their representatives in writing and to commit to participation for a specified time. If someone leaves, there is a replacement named.

How Coalitions Succeed

Most, if not all, of the intersystem collaborations on aging with lifelong, developmental disabilities operationalize three key elements: 1) Bi-level Collaboration. They have formally sanctioned mechanisms for collaborating at both higher up, e.g., state, and grass roots levels; 2) Outreach. They conduct "outreach," operationalized as sending information out to prospective users and gathering information in from these users; and 3) Capacity Building. They engage in various means of building the knowledge and skills of the principal players in aging with lifelong disabilities, that is, strengthening the abilities of older consumers and family caregivers to exercise assisted autonomy, and of direct service providers to provide meaningful assistance.

Bi-level Collaboration. In several states, i.e., New York, Maryland, Virginia, Florida, and Texas, there have been formal mechanisms to encourage collaborations, mechanisms executed at state and local levels. At the state level, departments of aging and of developmental disabilities have signed Memoranda of Agreement that encourage interdepartmental cooperation. These agreements are time-limited, sometimes being forgotten by subsequent administrations; but they do set a tone of approval for what might begin at the local level where real action is possible. As public policy, such actions by the state are more symbolic than substantial, and they usually require little or no commitment of new funds. An exception was Florida where the Aging and Developmental Disabilities Interagency Effort (ADDIE) was not only an agreement among three state departments to collaborate but was also the actual vehicle that sponsored training programs and conferences across Florida to cross-train and bring departmental personnel into working contact with each other.

At the local level, an entity we have dubbed the Area Planning and Services Committee (APSC) functions as the locus for collaboration. The Florida project called theirs the Florida Local Action Group (FLAG); the North Carolina Task Force on Aging and Developmental Disabilities operated statewide and created small planning groups in several communities; in these and other states these groups acted as APSCs.

The APSC, rather than the individual organizations or agencies that comprise it, becomes the sponsor of initiatives. On a practical level, this arrangement helps relieve suspicion of hidden agendas and helps to create a climate of shared problem solving. The APSC in metropolitan Richmond, Virginia currently has members from disabilities, parks and recreation, healthcare, adult day care, and aging agencies, plus family caregivers and representatives from communities of faith and higher education. All have been formally designated in writing by their organizations. True to the old adage, the group becomes greater than the sum of its parts. One of the first actions of the APSC was to determine democratically its priority focuses and objectives.

Outreach. Aging adults with developmental disabilities and their family caregivers are often little engaged with human services systems. Indeed, the aging family caregivers of today's older adults with lifelong disabilities typically exist in a two-generation geriatric context that learned to function on their own, without much outside help. When their children were young, these parents had rejected well-meaning advice to place their children in institutions; instead, they made it on their own, reinforced by other parents in the same situation. What they want now is assistance that will help them to continue this pattern as long as possible. Far from posing a threat to strained case loads or staffing levels, these parents tend to desire minimal help from the systems, evidencing a fierce version of assisted autonomy.

APSCs in several states have discovered that what family caregivers most appreciate and need are the Three Rs: recognition, reinforcement, and reliable resources to help them to continue their caregiving. We have found that Resource Fairs are the most productive means of simultaneously accomplishing both outreach and capacity-building related to family caregivers. In Resource Fairs the APSC coordinates development of and hosts an event that showcases various community resources related to continuing the community living of consumers and family caregivers. "Vendors" from community direct service agencies to pharmacies to distributors of adapted clothing or durable goods display their offerings. The APSC may play continuous-loop films on nutrition, recreation, or other topics; guest speakers throughout the day may discuss permanency planning, legal matters, potential advocacy issues, etc. Attendees sign in and their privacy is respected, but the APSC has gained some indication of relevant demographics and may therefrom anticipate future needs for services and gain rationale for related policy development.

Capacity-Building. APSCs have found that the usual means are quite effective in developing knowledge and skills of the principal parties in aging with lifelong disabilities: cross-training on aging and on disabilities-related matters such as the system's history, practical focus, funding streams, priorities, community resources, and more; self-advocacy training for older consumers and their family caregivers; meaningful integration of older consumers into such "generic" services as senior centers; creation of topic-specific support groups, e.g., on permanency planning and substitute decision-making; and, surprisingly effective, mini-internships across systems in positions roughly equivalent to one's own.

Coalitions: A Means to an End

Intersystem coalitions or collaborations have a life course of their own, from birth through awkward adolescence with its exuberances and discoveries to a plateau of mature accomplishments. In time, all cease to exist. These coalitions, at their best, should be seen for what they are: creative initiatives that maximize existing resources to respond to matters not yet sufficiently addressed in public policy, i.e., the emerging longevity of individuals with formerly life-shortening developmental disabilities and the fundamental reliance upon family caregivers as the mainstay of chronic care. Perhaps by highlighting how today's already older individuals with lifelong disabilities rely upon their family caregivers, we will as well shine yet another light upon the family as the underpinning of public policy development related to chronic care.

Edward F. Ansello, PhD, is Director of the Virginia Center on Aging, Virginia Commonwealth University.

References

Janicki, M.P. and Ansello, E.F. (Eds.) (2000). *Community Supports for Aging Adults with Lifelong Disabilities.* Baltimore: Paul H. Brookes Publishing Co.

Janicki, M.P. and Wisniewski, H.M. (Eds.) (1985). *Aging and Developmental Disabilities: Issues and Approaches.* Baltimore: Paul H. Brookes Publishing Co.

Moody, H.R. (1992). *Ethics in an Aging Society*. Baltimore: The Johns Hopkins University Press.

COMMONWEALTH of VIRGINIA
Department for the Aging
Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: AAA Directors

FROM: Bill Peterson

DATE: February 1, 2005

SUBJECT: **Bills of Interest to Older Virginians and their Families**

Attached is a copy of *Bills of Interest to Older Virginians and their Families* from the 2005 session of the General Assembly. Once the session ends, we will issue a report of the bills that actually passed. This report is a useful tool when citizens or local legislators ask what happened during the session that had an impact on older Virginians.

Attachment

1610 Forest Avenue, Suite 100, Richmond, Virginia 23229
Toll-Free (800) 552-3402 (V/TTY) Telephone (804) 662-9333 Fax (804) 662-9354
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2005 VIRGINIA GENERAL ASSEMBLY
Bills & Resolutions of Interest to Older Virginians and their Families
As of January 20, 2005

You may also go to the Virginia Association of Area Agencies on Aging (V4A) web page (http://www.vaaaa.org) to review bills of interest to older Virginians.

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Many bill summaries are abbreviated. For full summaries, please contact the Virginia Division of Legislative Services at (804) 698-1500 or go to their Internet site, http://legis.state.va.us/.

ALZHEIMER'S DISEASE & MENTAL ILLNESS

HB 2551 Definition of mental illness not to include dementia or Alzheimer's disease for certain purposes. Patron: Brian J. Moran
Summary as introduced:
Amends the definition of "mentally ill" in Title 37.1 of the Code to exclude persons with a primary diagnosis of dementia or Alzheimer's disease, for the purposes of the voluntary and involuntary admissions to hospitals.
Referred to Committee on Health, Welfare and Institutions.

CAREGIVERS' GRANT

SB 1050 Ombudsman; court to appoint to serve as intermediary to protect interest of incapacitated seniors. Patron: Frank W. Wagner
Summary as introduced:
Authorizes a court, following the appointment of a guardian for incapacitated persons aged 60 or over, to appoint an ombudsman to serve as an intermediary to protect the interests of persons subject to the guardianship order.
Referred to Committee on Education and Health.

HB 1557 Caregivers Grant Program; applicability to a physically or mentally handicapped person. Patron: Harry R. Purkey
Summary as introduced:
Increases the grant available to a caregiver of a mentally or physically impaired relative from $500 to $3,000 if the caregiver can provide appropriate documentation that without such care, the relative would be domiciled in a nursing facility. Grants from this fund shall not exceed the amount appropriated by the General Assembly to the Virginia Caregivers Grant Fund.
Assigned to Appropriations sub-committee on Health & Human Resources.

HB 1902 Caregivers Grant Program; applicability to a physically or mentally impaired relative. Patron: Viola O. Baskerville
Summary as introduced:
Increases the grant available to a caregiver of a mentally or physically impaired relative from $500 to $3,000 if the caregiver can provide appropriate documentation that without such care, the relative would be domiciled in a nursing facility. Grants from this fund shall not exceed the amount appropriated by the General Assembly to the Virginia Caregivers Grant Fund.
Assigned to Appropriations sub-committee on Health & Human Resources.

SB 935 Caregivers Grant Program; extends sunset provision.
Patron: Walter A. Stosch
Summary as introduced:
Extends the period for which grants under the Virginia Caregivers Grant Program can be provided from December 31, 2005 to December 31, 2010. The Virginia Caregivers Grant Program provides a $500 grant to individuals who provide care to a physically or mentally impaired relative who requires assistance with two or more activities of daily living during more than half the year.
Referred to Committee on Rehabilitation & Social Services.

DOMESTIC VIOLENCE & ABUSE

HB 2433 Domestic Violence and Prevention Services Unit; established.
Patron: Phillip A. Hamilton
Summary as introduced:
Establishes the Domestic Violence and Prevention Services Unit in the Dept. of Social

Services to support, strengthen, evaluate, and monitor community-based domestic violence programs funded by the Dept. and act as the administrator for state grant funds and the disbursal of federal funds
Referred to Committee on Health, Welfare and Institutions.

HB 2564 Sexual offenses; increase in penalty when against children by a parent or grandparent. Patron: Vivian E. Watts
Summary as introduced:
Raises criminal penalties for sex offenses committed by parents and grandparents against their children and grandchildren.
Referred to Committee for Courts of Justice.

SB 1144 Domestic Violence and Prevention Services Unit; established.
Patron: R. Creigh Deeds
Summary as introduced:
Establishes the Domestic Violence and Prevention Services Unit in the Dept. of Social Services. In coordination with the Adult and Child Protective Services Units, the Domestic Violence and Prevention Services Units shall support, strengthen, evaluate, and monitor community-based domestic violence programs funded by the Dept. and act as the administrator for state grant funds and the disbursal of federal funds.
Referred to Committee on Rehabilitation & Social Services.

SB 1222 Incapacitated adults; abuse and neglect, penalty.
Patron: Phillip P. Puckett
Summary as introduced:
Provides that abuse of an incapacitated adult that results in death is punishable as a Class 4 felony. Currently, only serious bodily injury or disease resulting from abuse is punishable as such.
Referred to Committee for Courts of Justice.

GUARDIANSHIP and related issues (e.g. Advanced Medical Directives)

HB 2550 Advance medical directives; specifications.
Patron: Brian J. Moran
Summary as introduced:
Specifies that advance medical directives can grant the agent the power to authorize the declarant's admission to or discharge (including transfer to another facility) from any hospital, hospice, nursing home, adult home, or other medical care facility, if the declarant is determined incapable of making an informed decision.
Referred to Committee for Courts of Justice.

HB 2584 Advance directive; witness.
Patron: Terry G. Kilgore
Summary as introduced:
Authorizes any person over the age of 18, including a spouse or blood relative of the declarant, to serve as a witness for the advance directive. Current law prohibits a

spouse or blood relative from serving as a witness.
Referred to Committee for Courts of Justice.

SB 719 Public guardian and conservator program; changes in provisions.
Patron: John S. Edwards
Summary as introduced:
Provides that if a person is adjudicated incapacitated and in need of a guardian or conservator and the court has not identified any person to serve as guardian or conservator within one month from the adjudication, the court may appoint a local or regional program of the Virginia Public Guardian and Conservator Program authorized by the Dept. for the Aging. If there is no program within the court's jurisdiction, the court may appoint the program nearest to the residence of the incapacitated person as identified by the Department. However, the court shall not appoint any program that has reached or exceeded its ideal ratio of clients to staff.
Referred to Committee for Courts of Justice.

SJ 352 Resolution; palliative care.
Patron: Benjamin J. Lambert III
Summary as introduced:
Encourages Virginia's health care community to increase the education and training of health care professionals in the techniques and benefits of palliative care, and to increase patient awareness regarding palliative care as a treatment component, in order to improve the overall quality of life for those suffering from chronic conditions, and in order to more effectively and efficiently treat the growing population of citizens suffering from chronic illnesses.
Referred to Committee on Rules.

HEALTH CARE FINANCING

Insurance

HB 2143 Notices of health insurance premium increase.
Patron: Johnny S. Joannou
Summary as introduced:
Requires a health insurer, issuer of subscription contracts, or health maintenance organization to provide the required notice of an increase in premium that exceeds 35 percent of the annual premium to the designated consultant or other agent of the policyholder, contract holder, or subscriber, if requested in writing. Currently, the notice is required to be given at least 60 days prior to the proposed renewal of coverage to the policyholder, contract holder, or subscriber.
Referred to Committee on Commerce and Labor.

HB 2349 Health insurance; explanation of benefits.
Patron: Robert G. Marshall
Summary as introduced:
Requires that the explanation of benefits set forth the benefits payable under the contract in a manner understandable to the consumer and provide the consumer with timely notice of the action on the claim. The explanation of benefits process must also

be designed to avoid confusing and redundant notices on the same claim.
Referred to Committee on Commerce and Labor.

HB 2485 Medical malpractice liability insurance program; establish for physicians practicing in rural areas
Patron: J. Chapman Petersen
Summary as introduced:
Directs the Division of Risk Management to establish a medical malpractice liability insurance program for physicians who maintain a primary care practice generally open to the public in a locality where 50 percent or more of the households have an annual gross income that is less than 200 percent of the federal poverty level. In addition, at least 50 percent of the practice's patients must receive care under the Medicaid or Medicare programs, a majority of the physician's practice must be in Virginia, and the physician must comply with such other criteria as the Division establishes.
Referred to Committee on General Laws.

HB 2525 Health insurance; mandated coverage for ambulance services.
Patron: John M. O'Bannon, III
Summary as introduced:
Requires health insurers, health maintenance organizations, and corporations providing health care coverage subscription contracts to provide coverage for ambulance services involving the transportation of a covered person to an acute care facility, trauma center, or burn facility, when the transportation is medically appropriate as the result of the person's sustaining an urgent or life-threatening injury, burn, or other medical emergency.
Referred to Committee on Commerce and Labor.

Medicaid

HB 2601 Medical assistance services; establishing more restrictive asset transfer limit.
Patron: R. Steven Landes
Summary as introduced:
Medical assistance services; asset transfer limit waiver. Permits the Dept. of Medical Assistance Services to seek a waiver of the Social Security Act to establish asset transfer limits that are more restrictive than those currently permitted under federal Medicaid law or regulations.
Referred to Committee on Health, Welfare and Institutions.

SB 702 Medical assistance services; eligibility for aged and disabled individuals.
Patron: W. Roscoe Reynolds
Summary as introduced:
Requires the state plan for medical assistance services to include a provision for payment of medical assistance for aged and disabled individuals with incomes up to 100 percent of the federal poverty guideline as permitted by federal law.
Referred to Committee on Education and Health.

LONG-TERM CARE (LTC) ISSUES

Assisted Living Facilities

HB 424 Assisted living facilities; regulations for serving residents with mental illness or substance abuse.
Patron: Vivian E. Watts
Summary as introduced:
Requires assisted living facilities that choose to serve residents with serious mental illness, mental retardation or substance abuse problems to comply with the State Board of Social Service's regulations governing such placement. The Board's regulations shall require any assisted living facility serving residents with serious mental illness, mental retardation or substance abuse problems to arrange, prior to admission, for the provision of necessary clinical treatment or habilitation by either the assisted living facility or qualified providers such as community services boards or private providers licensed by the Dept. of Mental Health, Mental Retardation and Substance Abuse Services. The regulations shall also require assisted living facilities serving more than a stipulated proportion of individuals with serious mental illness, mental retardation or substance abuse problems to be licensed by the Dept. of Mental Health, Mental Retardation and Substance Abuse Services, using a special module in its licensing regulations, to provide appropriate clinical treatment or habilitation directly or through contracts with other qualified providers, to those individuals.
Referred to Committee on Health, Welfare and Institutions.

HB 2150 Assisted living facilities; establishes individualized family service plans.
Patron: Kristen J. Amundson
Summary as introduced:
Requires the Board of Social Services to adopt regulations establishing requirements and protocols for individualized family service plans, which shall be required for all residents of licensed assisted living facilities. The bill sets forth minimum requirements for such plans.
Referred to Committee on Health, Welfare and Institutions.

HB 2362 Assisted living facilities
Patron: Vivian E. Watts
Summary as introduced:
Requires administrators of assisted living facilities to be licensed by the Board of Long-Term Care Administrators. The bill renames the Board of Nursing Home Administrators as the Board of Long-Term Care Administrators. These licensing provisions shall take effect July 1, 2007. The bill permits the Commissioner of the Dept. of Social Services to issue an order of summary suspension of a license to operate an assisted living facility and adult day care center in cases of immediate and substantial threat to the health, safety, and welfare of residents or participants. The bill requires that medication aides be registered by the Board of Nursing if the drugs administered would otherwise be self-administered to residents in an assisted living facility or participants in an adult day care center program licensed by the Dept. of Social Services. The bill requires that assisted

living facilities employ a certified nurse aide registered as a medication aide who sees each resident once a week and is available seven days a week to see any resident upon request. The bill also requires the Departments of Social Services and Mental Health, Mental Retardation and Substance Abuse Services to increase access to and improve the quality of necessary and appropriate care provided to adults with serious mental illnesses, mental retardation, or substance dependence or abuse who reside in assisted living facilities. The bill requires the Dept. of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) to develop standards to be incorporated into the assisted living facility licensing regulations adopted by the State Board of Social Services for the provision of care and treatment, training, or habilitation services to and the protection of such adults. DMHMRSAS shall provide consultation about treatment, training, and habilitation needs of and services and behavioral interventions for such adults to licensing staff in the Dept. of Social Services, particularly to staff who may be designated as resource specialists for serving such adults. The bill requires all applicants for an assisted living facility license to undergo a criminal background check. The bill requires each assisted living facility to provide written disclosure documents to residents upon admission. The Dept. of Social Services shall develop a training module for licensing inspectors and criteria for assessing civil penalties.
Referred to Committee on Health, Welfare and Institutions.

HB 2512 Assisted living facilities.
Patron: Phillip A. Hamilton
Summary as introduced:
Requires administrators of assisted living facilities to be licensed by the Board of Long-Term Care Administrators within the Dept. of Health Professions. The bill renames the Board of Nursing Home Administrators as the Board of Long-Term Care Administrators. The licensing provisions shall not take effect until July 1, 2007. The Board of Long-Term Care Administrators shall submit the proposed criteria for licensing assisted living facility administrators to the chairmen of the House Committee on Health, Welfare and Institutions, Senate Committee on Education and Health, and Joint Commission on Health Care on or before January 1, 2006. The bill permits the Commissioner to issue an order of summary suspension of a license to operate an assisted living facility and adult day care center in cases of immediate and substantial threat to the health, safety, and welfare of residents or participants. The bill increases the maximum civil penalties for assisted living facilities from $500 to $10,000 per inspection and directs that the civil penalties be paid to the newly created Assisted Living Facility Education and Technical Assistance Fund to provide education for staff of and technical assistance to assisted living facilities.
Referred to Committee on Health, Welfare and Institutions.

HB 2537 Assisted living facilities.
Patron: Samuel A. Nixon, Jr.
Summary as introduced:
Permits the Commissioner to issue an order of summary suspension of a license to operate an assisted living facility and adult day care center (licensee) in cases of immediate and substantial threat to the health, safety, and welfare of residents or participants. The bill also authorizes the Commissioner to deny, revoke, or summarily suspend certain authority of the licensee to operate and may permit the licensee to operate, but may restrict or modify the licensee's authority to provide certain services or

perform certain functions that the Commissioner determines should be restricted or modified in order to protect the health, safety, or welfare of the residents or participants. Prior to any summary suspension, the Commissioner shall first appoint a competent person to administer, manage, or operate an assisted living facility and adult day care center. The bill increases the maximum civil penalties for assisted living facilities from $500 to $10,000 per license period and directs that the civil penalties be paid into the newly created Assisted Living Facility Education, Training, and Technical Assistance Fund to provide education and training for staff of and technical assistance to assisted living facilities. Criteria for imposition of civil penalties and amounts, expressed in ranges, must be based upon the severity, pervasiveness, duration, and degree of risk to the health, safety, or welfare of residents. The bill requires an assisted living facility to ensure that a thorough mental health screening of persons with mental illness, mental retardation, or other conditions is or has been performed, and that an individualized services plan for such person is created through the local community services board or behavioral health authority, or through other appropriate service providers. The bill requires each assisted living facility to fully disclose prior to admission information about the services, policies, staffing patterns, fees, and ownership structure of the facility, specifically including a description of conditions or occurrences that would require the discharge of the resident from the facility. The State Board of Social Services shall adopt emergency regulations for the implementation of these provisions. Finally, the Dept. of Social Services shall develop a training module on assisted living facilities and train current and future employees.
Referred to Committee on Health, Welfare and Institutions.

HB 2545 Assisted living facilities; education and training.
Patron: Marian Van Landingham
Summary as introduce:
Requires the Departments of Social Services and Mental Health, Mental Retardation and Substance Abuse Services to increase access to and improve the quality of necessary and appropriate care provided to adults with serious mental illnesses, mental retardation, or substance dependence or abuse who reside in assisted living facilities. The bill requires the Dept. of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) to develop standards to be incorporated into the assisted living facility licensing regulations adopted by the State Board of Social Services for the provision of care and treatment, training, or habilitation services to and the protection of such adults. DMHMRSAS shall provide consultation about treatment, training, and habilitation needs of and services and behavioral interventions for such adults to licensing staff in the Dept. of Social Services, particularly to staff who may be designated as resource specialists for serving such adults. The bill requires DMHMRSAS to encourage community services boards and behavioral health authorities to provide consultation about treatment, training, and habilitation needs of and services and behavioral interventions for such adults to licensed assisted living facilities and to notify Dept. of Social Services licensing staff and licensed assisted living facilities of opportunities to participate in training offered at its state facilities on applicable topics that address the needs of and services and interventions for such adults in assisted living facilities. Finally, the bill requires the Dept. of Social Services to designate licensing staff who have received additional training to serve as resource specialists on issues involved in serving such adults and to participate in licensing assisted living facilities in which a significant portion of the residents have serious

mental illnesses, mental retardation, or substance dependence or abuse.
Referred to Committee on Health, Welfare and Institutions.

HB 2807 Gastric tube care for residents of assisted living facilities.
Patron: Edward T. Scott
Summary as introduced:
Allows assisted living facility staff to provide gastric tube care pursuant to regulations adopted by the Board of Health when the resident's independent physician determines that such care is appropriate for the resident. Currently, such care may be provided by a licensed physician, nurse, or home care organization.
Committee Referral Pending.

SB 1000 Assisted living facilities.
Patron: Jeannemarie Devolites Davis
Summary as introduced:
Requires administrators of assisted living facilities to be licensed by the Board of Long-Term Care Administrators within the Dept. of Health Professions. The bill renames the Board of Nursing Home Administrators as the Board of Long-Term Care Administrators. These licensing provisions shall take effect July 1, 2007. The bill permits the Commissioner of the Dept. of Social Services to issue an order of summary suspension of a license to operate an assisted living facility and adult day care center in cases of immediate and substantial threat to the health, safety, and welfare of residents or participants. The bill requires that medication aides be registered by the Board of Nursing if the drugs administered would otherwise be self-administered to residents in an assisted living facility or participants in an adult day care center program licensed by the Dept. of Social Services. The bill requires that assisted living facilities employ a certified nurse aide registered as a medication aide who sees each resident once a week and is available seven days a week to see any resident upon request. The bill also requires the Departments of Social Services and Mental Health, Mental Retardation and Substance Abuse Services to increase access to and improve the quality of necessary and appropriate care provided to adults with serious mental illnesses, mental retardation, or substance dependence or abuse who reside in assisted living facilities. The bill requires the Dept. of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) to develop standards to be incorporated into the assisted living facility licensing regulations adopted by the State Board of Social Services for the provision of care and treatment, training, or habilitation services to and the protection of such adults. DMHMRSAS shall provide consultation about treatment, training, and habilitation needs of and services and behavioral interventions for such adults to licensing staff in the Dept. of Social Services, particularly to staff who may be designated as resource specialists for serving such adults. The bill requires all applicants for an assisted living facility license to undergo a criminal background check. The bill requires each assisted living facility to provide written disclosure documents to residents upon admission.
Referred to Committee on Rehabilitation & Social Services.

SB 1085 Assisted living facilities.
Patron: Patricia S. Ticer
Summary as introduced:
Permits the Commissioner to issue an order of summary suspension of a license to

operate an assisted living facility and adult day care center in cases of immediate and substantial threat to the health, safety, and welfare of residents or participants. The bill also requires every employee in an assisted living facility in a direct care position to be a licensed registered nurse or practical nurse or certified nurse aide.
Referred to Committee on Rehabilitation & Social Services.

SB 1140 Assisted living facilities; license requirements, civil penalty.
Patron: Emmett W. Hanger, Jr.
Summary as introduced:
Requires administrators of assisted living facilities to be licensed by the Board of Long-Term Care Administrators within the Dept. of Health Professions. The bill renames the Board of Nursing Home Administrators as the Board of Long-Term Care Administrators. These licensing provisions shall take effect July 1, 2007. Among other provisions, the bill permits the Commissioner of the Dept. of Social Services to issue an order of summary suspension of a license to operate an assisted living facility and adult day care center in cases of immediate and substantial threat to the health, safety, and welfare of residents or participants and increases from $500 to $10,000 the maximum civil penalty for an assisted living facility out of compliance with licensure requirements. The bill also requires every employee in an assisted living facility in a direct care position to be a licensed registered nurse or practical nurse or certified nurse aide. The bill requires medication aides in assisted living facilities to be registered by the Board of Nursing. The bill requires that assisted living facilities employ a certified nurse aide registered as a medication aide who sees each resident once a week and is available seven days a week to see any resident upon request. The bill also requires the Departments of Social Services and Mental Health, Mental Retardation and Substance Abuse Services to increase access to and improve the quality of necessary and appropriate care provided to adults with serious mental illnesses, mental retardation, or substance dependence or abuse who reside in assisted living facilities. The bill requires the Dept. of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) to develop standards to be incorporated into the assisted living facility licensing regulations adopted by the State Board of Social Services for the provision of care and treatment, training, or habilitation services to and the protection of such adults. DMHMRSAS shall provide consultation about treatment, training, and habilitation needs of and services and behavioral interventions for such adults to licensing staff in the Dept. of Social Services, particularly to staff who may be designated as resource specialists for serving such adults. The bill requires each assisted living facility to provide written disclosure documents to residents upon admission. The Dept. of Social Services shall develop a training module for licensing inspectors. Finally, the bill eliminates the local share of the auxiliary grant funding and requires the Dept. for the Aging's contract with the long-term care ombudsman program provide a minimum staffing ratio of one ombudsman to every 2000 long-term care beds.
Referred to Committee on Rehabilitation & Social Services.

SB 1183 Assisted living facilities; civil penalties
Patron: Emmett W. Hanger, Jr.
Summary as introduced:
Permits the Commissioner to issue an order of summary suspension of a license to operate an assisted living facility and adult day care center (licensee) in cases of immediate and substantial threat to the health, safety, and welfare of residents or

participants. The bill also authorizes the Commissioner to deny, revoke, or summarily suspend certain authority of the licensee to operate and may permit the licensee to operate, but may restrict or modify the licensee's authority to provide certain services or perform certain functions that the Commissioner determines should be restricted or modified in order to protect the health, safety, or welfare of the residents or participants. Prior to any summary suspension, the Commissioner shall first appoint a competent person to administer, manage, or operate an assisted living facility and adult day care center. The bill increases the maximum civil penalties for assisted living facilities from $500 to $10,000 per license period and directs that the civil penalties be paid into the newly created Assisted Living Facility Education, Training, and Technical Assistance Fund to provide education and training for staff of and technical assistance to assisted living facilities. Criteria for imposition of civil penalties and amounts, expressed in ranges, must be based upon the severity, pervasiveness, duration, and degree of risk to the health, safety, or welfare of residents. The bill requires an assisted living facility to ensure that a thorough mental health screening of persons with mental illness, mental retardation, or other conditions is or has been performed, and that an individualized services plan for such person is created through the local community services board or behavioral health authority, or through other appropriate service providers. The bill requires each assisted living facility to fully disclose prior to admission information about the services, policies, staffing patterns, fees, and ownership structure of the facility, specifically including a description of conditions or occurrences that would require the discharge of the resident from the facility. The State Board of Social Services shall adopt emergency regulations for the implementation of these provisions. Finally, the Dept. of Social Services shall develop a training module on assisted living facilities and train current and future employees.
01/12/05 Senate: Referred to Committee on Rehabilitation & Social Services.

SB 1185 Assisted living facilities; requires administrators to be licensed.
Patron: Linda T. Puller
Summary as introduced:
Requires administrators of assisted living facilities to be licensed by the Board of Long-Term Care Administrators within the Dept. of Health Professions. The bill renames the Board of Nursing Home Administrators as the Board of Long-Term Care Administrators. The licensing provisions shall not take effect until July 1, 2007.
Referred to Committee on Education and Health.

SB 1212 Assisted Living Facilities licensing; auxiliary grant residents required.
Patron: Yvonne B. Miller
Summary as introduced:
Requires assisted living facilities to care for a minimum of two residents who receive auxiliary grants in order to be licensed to operate such facility. Current law does not require licensed assisted living facilities to care for auxiliary grant recipients.
Referred to Committee on Rehabilitation & Social Services.

SB 1187 Assisted living facilities.
Patron: Linda T. Puller
Summary as introduced:
Requires administrators of assisted living facilities to be licensed by the Board of Long-Term Care Administrators within the Dept. of Health Professions. The bill renames the

Board of Nursing Home Administrators as the Board of Long-Term Care Administrators. The licensing provisions shall not take effect until July 1, 2007. The Board of Long-Term Care Administrators shall submit the proposed criteria for licensing assisted living facility administrators to the chairmen of the House Committee on Health, Welfare and Institutions, Senate Committee on Education and Health, and Joint Commission on Health Care on or before January 1, 2006. The bill permits the Commissioner to issue an order of summary suspension of a license to operate an assisted living facility and adult day care center in cases of immediate and substantial threat to the health, safety, and welfare of residents or participants. The bill increases the maximum civil penalties for assisted living facilities from $500 to $10,000 per inspection and directs that the civil penalties be paid to the newly created Assisted Living Facility Education and Technical Assistance Fund to provide education for staff of and technical assistance to assisted living facilities.
Referred to Committee on Education and Health.

General LTC Administration

HB 1980 Long-term care professionals recognition day; designated as second Wed. of June each year thereafter
Patron: Algie T. Howell, Jr.
Summary as introduced:
Designates the second Wednesday of every June as a day of recognition to acknowledge the contributions of and pay tribute to the direct care staffs and members of other professions that provide dedicated assistance and health care services to enhance the quality of life of persons receiving long term care in the Commonwealth.
Referred to Committee on Rules.

HB 2036 Long-term care; to ensure coordinated, effective, and efficient services to older adults.
Patron: Phillip A. Hamilton
Summary as introduced:
Provides generally that the Commonwealth shall seek to ensure coordinated, effective, and efficient long-term care services to older adults.
Referred to Committee on Health, Welfare and Institutions.

SB 1211 Certified nurse aides; working conditions.
Patron: Yvonne B. Miller
Summary as introduced:
Directs the nonprofit organization, established by the Dept. of Medical Assistance Services to provide on-site training, assistance, and other services to promote the quality of care in nursing facilities, to address the working conditions, salary and benefits, and available career pathways for certified nurse aids with emphasis on recruitment and retention. Further, the nonprofit organization must explore possible funding streams for state-certified nurse aide programs, including but not limited to, voluntary tax options.
Referred to Committee on Education and Health.

SB 1213 Long-Term Care Ombudsman Volunteer Training and Assistance Fund; created.
Patron: Yvonne B. Miller
Summary as introduced:
Establishes the Long-Term Care Ombudsman Volunteer Training and Assistance Fund ("Fund"). Moneys in the Fund shall be used for the training, technical assistance, and education of local long-term care ombudsman volunteers in order to increase the number of local volunteers, improve the quality of volunteer training, and better protect the rights of and ensure the quality of care of Virginians receiving or in need of long-term care services. The bill also creates an annual service charge of $1 per patient bed or resident for which nursing homes and assisted living facilities are licensed. These fees shall be paid into the state treasury and credited to the Long-Term Care Ombudsman Volunteer Training and Assistance Fund.
Referred to Committee on Finance.

HB 2124 Congregate housing services pilot program for frail elderly individuals.
Patron: Albert C. Eisenberg
Summary as introduced:
Directs the Dept. for the Aging to establish a four-year pilot congregate housing services program for frail elderly individuals. The Dept. is authorized to enter into contracts with qualified housing projects to establish the congregate housing services programs. The Dept. shall submit to the House and Senate Committees on General Laws a report outlining the plan for the congregate housing services for frail elderly individuals by November 1, 2005, and operationalize the plan by March 1, 2006. The qualified housing project shall establish a fee schedule for each supportive service and residents shall contribute financially toward the cost of services, according to their ability to pay based on their income. The Dept. shall evaluate and report on the impact and effectiveness of the congregate housing services program for frail elderly individuals.
Referred to Committee on General Laws: Subcommittee #1.

HB 2166 Long-term health care; Sec. of Health & Human Resources to develop public information campaign.
Patron: Gary A. Reese
Summary as introduced:
Requires the Secretary of Health and Human Resources and the Commissioner of Insurance to develop a long-term health care public information campaign to inform the citizens of the Commonwealth of (i) the impending long-term health care crisis, its effect on the Virginia Medicaid program, and its effect on the finances of families and their estates; (ii) alternatives to institutional long-term health care; and (iii) common terminology contained in long-term care insurance policies and certificates.
Referred to Committee on Health, Welfare and Institutions.

HB 2461 Residential facilities.
Patron: Samuel A. Nixon, Jr.
Summary as introduced:
Requires the Boards who regulate group homes or other residential facilities for adults or children to provide to the relevant Dept. a name, address, and telephone number of a contact person to serve as the community relations liaison.
Referred to Committee on Health, Welfare and Institutions.

HB 2676 Adult Fatality Review Team; created, report.
Patron: Adam P. Ebbin
Summary as introduced:
Requires the Commissioner of the Dept. of Social Services and the Chief Medical Examiner to develop an Adult Fatality Review Team ("Team") to review suspicious deaths of adults in order to create a body of information to help prevent future fatalities. The Team is charged with reviewing the death of any incapacitated adult aged 18 or older, and any adult aged 60 or older who was the subject of an adult protective services investigation, or whose death was due to abuse or neglect or acts suggesting possible abuse or neglect.
Referred to Committee on Militia, Police and Public Safety.

HJ 657 Long-term care services; Sec. of Health & Human Resources to study 'no wrong door' approach to long-term care services.
Patron: Thomas Davis Rust
Summary as introduced:
Requests the Secretary of Health and Human Resources to study a "no wrong door" approach for long-term care services in the Commonwealth.
Referred to Committee on Rules.

Nursing Facilities

HB 2361 Nursing homes; guidelines for staffing.
Patron: Vivian E. Watts
Summary as introduced:
Requires the Board of Health to establish staffing standards for nursing homes that will provide an average of three and one-half hours of direct care services per resident per 24-hour period.
Referred to Committee on Health, Welfare and Institutions.

HB 2366 Hospitals and nursing homes; minimum standards for design and construction.
Patron: L. Preston Bryant, Jr.
Summary as introduced:
Requires the Board of Health to promulgate regulations for the licensure of hospitals and nursing homes that must include minimum standards for the design and construction of hospitals, nursing homes, and certified nursing facilities identical to the then current edition of the Guidelines for Design and Construction of Hospital and Health Care Facilities issued by the American Institute of Architects Academy of Architecture for Health.
Referred to Committee on Health, Welfare and Institutions.

SB 715 Nursing homes; guidelines for staffing.
Patron: John S. Edwards
Summary as introduced:
Requires the Board of Health, in its licensure regulations, to establish staffing guidelines

for nursing homes and certified nursing facilities to ensure the delivery of quality care that shall establish a minimum of three and one-half hours of direct care services per resident per 24-hour period.
Referred to Committee on Education and Health.

SB 724 Nursing homes; establishment of family councils.
Patron: John S. Edwards
Summary as introduced:
Establishes the right of any nursing home resident, member of a resident's family, or resident's legal representative to establish a family council whereby a resident's family members and friends may confer in private without facility staff present. Upon written request of a family council, a nursing home facility shall provide meeting space at reasonable times and locations within the facility.
Referred to Committee on Education and Health.

SB 1024 Hospitals and nursing homes; Bd. of Health must include minimum standards for design, etc.
Patron: Stephen D. Newman
Summary as introduced:
Requires the Board of Health's regulations setting forth design and construction standards for hospitals and nursing homes to be aligned with the then current edition of the Guidelines for Design and Construction of Hospital and Health Care Facilities issued by the American Institute of Architects Academy of Architecture for Health.
Referred to Committee on Education and Health.

SB 1208 Patient safety; establishment of toll-free hotline for reports, & protection of health records.
Patron: William C. Mims
Summary as introduced:
Requires the Dept. of Health:

(i) to establish a confidential toll-free hotline for reports on patient safety and quality of patient care in hospitals, nursing homes, and certified nursing facilities that may be made anonymously or in the name of any health care provider or consumer;
(ii) respond to complaints and provide a concise description of any action taken pursuant to the complaint; and
(iii) prohibits retaliation against complainants.

The bill also requires facilities to develop, implement, and assure compliance with a patient safety plan and to submit the patient safety plan to the Dept. of Health prior to the date of license renewal. All facilities and all physicians are required to report serious medical errors to the patient who was the subject of the error and to the Board of Medicine. The facilities must require medical error reports from physicians with practice privileges, contracts with or employed by the facilities, which must be, in turn, reported to the Board of Health. The Board of Health must require that the reports of serious medical errors received by hospitals, nursing homes, and certified nursing facilities be submitted to the patient-level database.
Referred to Committee on Education and Health.

MISCELLANEOUS

HB 1698 Individual retirement accounts (IRAs); benefits exempt from creditors.
Patron: Lionell Spruill, Sr.
Summary as introduced:
Extends the protections against creditor demands to all monies in a retirement account to which an employer does not contribute. Under current law, the exemption from creditor demands applies only to that amount of investment in an account that generates an annual benefit in excess of $17,500. The proviso that the exemption does not apply to demands for child or spousal support is retained.
Referred to Committee for Courts of Justice**,** sub-committee on Civil Law.

HB 1909 Absentee ballots; no qualification for voters to use.
Patron: Viola O. Baskerville
Summary as introduced:
Provides that qualified voters may vote absentee for any reason. The bill eliminates the present statutory list of specific reasons entitling a voter to cast an absentee ballot.
Referred to Committee on Privileges and Elections.

HB 1963 Social benefits structure.
Patron: Dwight Clinton Jones
Summary as introduced:
Requires the Dept. of Social Services to complete by January 1, 2006, a comprehensive assessment of the current social benefits structure in the Commonwealth in order to identify any statute, regulation, policy, or program that discourages families from staying together, and instead provides economic or other incentives for the break-up of families.
Referred to Committee on Health, Welfare and Institutions.

HB 2407 Comprehensive plans; includes provisions for elderly and persons with disabilities.
Patron: Clarence E. Phillips
Summary as introduced:
Provides that the purpose of the comprehensive plan shall include addressing the present and probable future needs of the elderly and persons with disabilities. The bill also provides that comprehensive plans may include the designation of areas for age-restricted housing, and the inclusion of nursing homes and assisted living facilities in the designated system of community services.
Referred to Committee on Counties, Cities and Towns.

HB 2746 Retirement System; liability protection for governing body of any county, city, or town.
Patron: R. Lee Ware, Jr.
Summary as introduced:
Provides liability protection for the governing body of any county, city or town that establishes a retirement system
Referred to Committee on Appropriations.

PRESCRIPTION DRUGS

HB 2251 Prescription drug utilization review programs.
Patron: Robert B. Bell
Summary as introduced:
Requires any health insurer, subscription plan or health maintenance organization with a policy that includes prescription drug coverage to institute a prescription drug utilization review program to conduct a prospective drug review before it approves coverage for a new prescription. The review shall involve screening for drug interactions, incorrect dosage, and other potential drug therapy problems. If the review indicates that a potential drug therapy problem may exist, it shall not approve coverage for the new prescription until it notifies the covered individual and his pharmacist of the potential problem.
Referred to Committee on Commerce and Labor.

HB 2281 Prescription drugs; process for purchasing from Canada in order to lower pharmacy costs to citizens.
Patron: Lionell Spruill, Sr.
Summary as introduced:
Directs the Dept. of Medical Assistance Services, in consultation with the Office of the Attorney General and the Executive Director of the Board of Pharmacy, to evaluate and permit their implementation of, if feasible and cost effective and consistent with federal law and regulation, a process for purchasing reduced-cost prescription drugs from Canada in order to lower pharmacy costs for citizens of the Commonwealth.
Referred to Committee on Rules.

HB 2348 Prescription drugs; process for purchasing from Canada in order to lower pharmacy costs to citizens.
Patron: Robert G. Marshall
Summary as introduced:
Directs the Governor to implement a process for purchasing reduced-cost prescription drugs from Canada in order to contain pharmacy costs in the interest of providing the citizens of the Commonwealth with a future that includes affordable health care. The Governor must take all steps necessary for the Commonwealth to join in participating with the states of Illinois, Wisconsin, Kansas, and Missouri in the I-SaveRx program, a program for purchasing lower-cost drugs from Canada that has already developed numerous measures to ensure the quality and safety of the imported drugs.
Referred to Committee on Rules.

HB 2751 Prescription drugs; Governor to establish mechanism for purchasing from Canada.
Patron: Paula J. Miller
Summary as introduced:
Directs the Governor, immediately upon the issuance of a waiver template or process by the federal Secretary of Health and Human Services, to apply for a waiver to establish a mechanism for purchasing reduced-cost prescription drugs from Canada

and other countries. The Governor must, in the exercise of his substantial powers under state law, take all steps necessary for the Commonwealth to join in participating with the states of Illinois, Michigan, Iowa, and Minnesota in the I-SaveRx program, a program for purchasing lower-cost drugs from Canada and other countries that has already developed numerous measures to ensure the quality and safety of the imported drugs.
Referred to Committee on Rules.

HJ 632 Prescriptions drugs from Canada; memorializing Congress to remove restrictions on purchasing.
Patron: Ward L. Armstrong
Summary as introduced:
Memorializes the United States Congress to remove current restrictions on the purchasing of prescription drugs from Canada.
Referred to Committee on Rules.

HJ 701 Medicare; Commissioner of Dept. of Aging, et al, to provide information on wrap-around coverage.
Patron: Robert H. Brink
Summary as introduced:
Encourages the Commissioner of the Dept. for the Aging and the Commissioner of Health to provide information on wrap-around coverage offered by some pharmaceutical companies for low-income Medicare beneficiaries who exhaust their transitional assistance credit.
Referred to Committee on Rules.

SB 707 Influenza vaccine; prohibits price gouging; penalties.
Patron: Linda T. Puller
Summary as introduced:
Prohibits any person from selling or administering influenza vaccine at unconscionable prices during periods when the Governor has declared that an influenza vaccine shortage exists.
Referred to Committee on Commerce and Labor.

SB 841 Prescription Drug Payment Assistance Program; created, report.
Patron: R. Creigh Deeds
Summary as introduced:
Establishes a program to be administered by the Dept. of Medical Assistance Services (DMAS), modeled on Delaware's Prescription Drug Payment Assistance Program, to assist eligible elderly and disabled Virginians in paying for prescription drugs. No entitlement to prescription drug coverage on the part of any eligible person or any right or entitlement to participation is created and such coverage shall only be available to the extent that funds are appropriated.
Referred to Committee on Education and Health.

SB 1098 Prescription Monitoring Program; includes reporting by out-of-state dispensers.
Patron: William C. Wampler, Jr.
Summary as introduced:
Expands the Prescription Monitoring Program to include reporting by out-of-state

dispensers (nonresident pharmacies) and to cover the entire Commonwealth.
Referred to Committee on Education and Health.

SB 1178 Prescription drugs; increases penalty for counterfeiting.
Patron: Kenneth W. Stolle
Summary as introduced:
Increases the penalty for counterfeiting a prescription drug from a Class 2 misdemeanor to a Class 5 felony and defines "counterfeit drug" for the purposes of the Drug Control Act.
Referred to Committee for Courts of Justice.

SB 1246 Prescription drugs; Governor to establish mechanism for purchasing from Canada.
Patron: W. Roscoe Reynolds
Summary as introduced:
Directs the Governor, immediately upon the issuance of a waiver template or process by the federal Secretary of Health and Human Services, to apply for a waiver to establish a mechanism for purchasing reduced-cost prescription drugs from Canada and other countries. The Governor must, in the exercise of his substantial powers under state law, take all steps necessary for the Commonwealth to join in participating with the states of Illinois, Michigan, Iowa, and Minnesota in the I-SaveRx program, a program for purchasing lower-cost drugs from Canada and other countries that has already developed numerous measures to ensure the quality and safety of the imported drugs. The Governor may, when appropriate, sign a memorandum of understanding for Virginia to participate in the I-SaveRx program.
Referred to Committee on Education and Health.

SJ 411 Prescription drugs; U.S. Secretary of Health & Human Serv. to approve purchases from other countries.
Patron: W. Roscoe Reynolds
Summary as introduced:
Memorializes the United States Secretary of Health and Human Services to approve the purchasing of prescription drugs from other countries.
Referred to Committee on Rules.

SJ 281 Prescription medicines & health insurance premiums.
Patron: Charles R. Hawkins
Summary as introduced:
Establishes a joint subcommittee to examine the costs of medical malpractice insurance in the Commonwealth, particularly insurance premiums or rates for Obstetricians & gynecologists; the costs of health insurance and prescription drugs; and causes for the increase in such insurance and medical costs, including studying whether any person, entity, or business is earning an excessive profit in regard to such insurance and medical costs.
Referred to Committee on Rules.

PRIVACY & RECORDS CONFIDENTIALITY

HB 1687 Birth records; access by grandparents.
Patron: Kenneth C. Alexander
Summary as introduced:
Requires the State Registrar or the city or county registrar to disclose data or issue a certified copy of a birth record of a child when satisfied that the applicant for such vital record is the grandparent of the child.
Referred to Committee on Health, Welfare and Institutions.

HB 2363 Health records; emphasizes right of an individual to have access thereto, exceptions.
Patron: Kenneth R. Melvin
Summary as introduced:
Emphasizes the right of an individual to have access to his health records with certain exceptions.
Referred to Committee on Health, Welfare and Institutions.

HB 2430 Health care services; safety and quality by physicians.
Patron: Phillip A. Hamilton
Summary as introduced:
Requires the Commissioner to negotiate and contract with a nonprofit organization (Virginia Health Information) for compiling, storing, and making available to consumers data collected on physicians about safety and quality of health care.
Referred to Committee on Health, Welfare and Institutions.

HB 2431 Practitioners; information provided to patients.
Patron: Phillip A. Hamilton
Summary as introduced:
Requires doctors of medicine, osteopathy, and podiatry to make available to patients information on accessing physician information including (i) their education and disciplinary actions compiled by the Board of Medicine; (ii) the doctor's charges for his 20 most commonly performed procedure codes; (iii) health insurance plans accepted and the managed care health insurance plans in which the doctor participates; and (iv) certain billing practices.
Referred to Committee on Health, Welfare and Institutions.

HB 2474 Consumer Protection Act; restricting use of social security numbers.
Patron: Joe T. May
Summary as introduced:
Amends the Virginia Consumer Protection Act to prohibit a supplier from using a consumer’s social security number when the consumer requests that his driver’s license number be used. Current law requires that a supplier only provide an alternate number if the consumer so requests in writing. This bill provides consumers with another option other than providing their social security numbers and writing to the supplier for a new number.
Referred to Committee on Commerce and Labor.

HB 2482 Personal Information Privacy Act; restricting use of social security numbers.
Patron: Joe T. May
Summary as introduced:
Restricts the use of social security numbers. Amends the Personal Information Privacy Act to prohibit (i) intentionally communicating an individual's social security number to the general public; (ii) printing an individual's social security number on any card required for the individual to access or receive products or services; (iii) requiring an individual to use his social security number to access an Internet website, unless an authentication device is also required; or (iv) mailing a package with the social security number visible from the outside.
Referred to Committee on Commerce and Labor.

TAXES

Estate Taxes

HB 1874 Estate tax; conformity of state and federal statutes.
Patron: Ryan T. McDougle
Summary as introduced:
Conforms the amount of Virginia estate tax due from an estate to the maximum amount of the federal estate tax credit for state estate taxes, as permitted under federal estate tax law, as such law shall be amended from time to time.
Referred to Committee on Finance.

HB 1910 Estate tax; exemptions for closely held businesses or working farms.
Patron: Viola O. Baskerville
Summary as introduced:
Removes the estate tax from those estates (i) valued at $10 million or less, or (ii) of which a majority of the assets are an interest in a closely held business, including a working farm.
Referred to Committee on Finance.

HB 2750 Virginia Estate Tax.
Patron: Franklin P. Hall
Summary as introduced:
Exempts from tax certain estates if a majority of the assets of the total estate are represented by an interest in a closely held business or a working farm as defined in the act. Also, the bill exempts estates of less than $10 million. Estates in excess of $10 million would pay a tax of only 75 percent of the amount of the federal estate tax credit.
Referred to Committee on Finance.

SB 736 Estate tax; exemptions for closely held businesses or working farms.
Patron: W. Roscoe Reynolds
Summary as introduced:
Exempts from the estate tax (i) all estates where the majority of assets are an interest in a closely held business, including working farms, and (ii) all estates where the gross

estate is worth $10 million or less.
Referred to Committee on Finance.

SB 907 Estate tax.
Patron: Thomas K. Norment, Jr.
Summary as introduced:
Estate tax. Conforms the amount of Virginia estate tax due from an estate to the maximum amount of the federal estate tax credit for state estate taxes.
Referred to Committee on Finance.

Income Taxes

HB 1717 Income tax, state increases personal exemption.
Patron: William H. Fralin, Jr.
Summary as introduced:
Increases the personal exemption amount from $900 to $1,000 for tax years beginning on and after January 1, 2006.
Referred to Committee on Finance.

HB 1913 Income tax, state increases personal exemption.
Patron: Mark L. Cole
Summary as introduced:
Increases the personal exemption amount from $900 to $1,600 for tax years beginning on and after January 1, 2006.
Referred to Committee on Finance.

HB 1935 Income tax, state; indexing age deduction.
Patron: Stephen C. Shannon
Summary as introduced:
Provides for indexing the $12,000 and $6,000 age deduction amounts based on the Consumer Price Index for All Urban Consumers, for taxable years beginning on or after January 1, 2006.
Referred to Committee on Finance.

HB 2513 Income tax, state and corporate; credit for employer provided long-term care insurance.
Patron: R. Steven Landes
Summary as introduced:
Grants an income tax credit to business taxpayers that provide long-term care insurance for employees. The annual credit allowed is 10 percent of the costs of the long-term care insurance premiums but no more than (i) a total of $5,000 or (ii) $100 per employee, whichever is less.
Referred to Committee on Finance.

HB 2600 Individual income taxes; credit for purchase of long-term care insurance.
Patron: R. Steven Landes
Summary as introduced:

Provides a credit against individual income taxes for certain long-term care insurance premiums paid by individuals during the taxable year for long-term care insurance premiums. An individual at least 70 years old, or an individual purchasing long-term care insurance for a Virginia resident at least 70 years old, is eligible for an individual income tax credit for insurance premiums paid by the individual for long-term care insurance coverage of Virginia residents at least 70 years old. If the long-term care insurance coverage is for a person at least 70 years old, the tax credit is the lesser of the individual's income tax liability or the actual premiums paid in the taxable year. The credit would be available beginning with the 2005 taxable year. Individuals itemizing on their federal income tax return long-term care insurance premiums for insurance coverage on a resident individual of the Commonwealth at least 70 years old are not eligible for the tax credit.
Referred to Committee on Finance.

HB 2706 Income tax, state; indexing age deduction.
Patron: Mark D. Sickles
Summary as introduced:
Provides a $6,000 individual income tax deduction in 2005 and 2006 for any person who turned 62 during calendar year 2004. Under current law, a person would have had to turn 62 by January 1, 2004, to be eligible for the $6,000 age deduction.
Referred to Committee on Finance.

HB 2769 Income tax, state increases; personal exemption.
Patron: David A. Nutter
Summary as introduced:
Increases the personal exemption amount from $900 to $1,000 for taxable years beginning on and after January 1, 2006.
Referred to Committee on Finance.

SB 1186 Income tax, state; indexing age deduction.
Patron: Linda T. Puller
Summary as introduced:
Provides a $6,000 individual income tax deduction in 2005 and 2006 for any person who turned 62 during calendar year 2004. Under current law, a person would have had to turn 62 by January 1, 2004, to be eligible for the $6,000 age deduction.
Referred to Committee on Finance.

SB 1255 Income tax; tax credit for health insurance premiums; health saving accounts.
Patron: Benjamin J. Lambert III
Summary as introduced:
Provides a tax credit to employers who pay and least one-half of the annual health insurance premium per employee or make contributions equal to one-half of an employee's health savings accounts. The amount of the credit is the lesser of $500 or the amount paid per employee.
Referred to Committee on Finance.

Local Real Estate Taxes

SB 1051 Real estate tax; changes in local relief programs.
Patron: Frank W. Wagner
Summary as introduced:
Changes authorized local real estate tax relief programs by changing the eligibility age from 65 years old to a person's eligibility age for full retirement benefits under Social Security, and authorizing counties, cities, and towns to adjust the current net financial worth limit for inflation.
Referred to Committee on Finance.

Personal Property Relief & Exemptions

HJ 641 Constitutional amendment; exclude privately owned motor vehicles from property taxation.
Patron: Thomas Davis Rust
Summary as introduced:
Amends the Constitution of Virginia to exempt from property taxes privately owned motor vehicles used for non-business purposes.
Referred to Committee on Privileges and Elections.

HJ 659 Constitutional amendment; exclude privately owned motor vehicles from property taxation.
Patron: Allen L. Louderback
Summary as introduced:
Amends the Constitution of Virginia to exempt all motor vehicles from property taxes.
Referred to Committee on Privileges and Elections.

HJ 743 Tax relief; joint subcommittee to study homestead exemptions & alternatives for elderly & disabled.
Patron: Melanie L. Rapp
Summary as introduced:
Calls for a one-year joint subcommittee to review the current homestead exemptions and alternatives for real property tax relief .
Referred to Committee on Rules.

SB 844 Restrictions and exemptions on deferral of taxes for certain elderly and handicapped persons.
Patron: R. Creigh Deeds
Summary as introduced:
Allows a locality to exclude up to $5,000 of permanent or temporary disability benefits of an owner when determining eligibility for its tax deferral programs.
Referred to Committee on Finance.

SB 851 Exemption from property taxes; disabled persons.
Patron: Ken T. Cuccinelli, II
Summary as introduced:

Increases from $10,000 to $15,000 the amount of income that a local government may exclude from property taxes for an owner who is permanently disabled.
Referred to Committee on Finance.

SJ 340 Constitutional amendment (first resolution); property exempt from taxation.
Patron: Emmett W. Hanger, Jr.
Summary as introduced:
Amends the Constitution of Virginia to exempt privately owned motor vehicles used for non-business purposes from state and local taxation.
Referred to Committee on Privileges and Elections.

SJ 362 Constitutional amendment; tax relief for persons 65 or older (first reference).
Patron: Frank W. Wagner
Summary as introduced:
Provides that localities may exempt, defer, or freeze the real estate taxes of persons 65 or older or permanently and totally disabled regardless of annual income or financial worth.
Referred to Committee on Privileges and Elections.

SJ 383 Personal property tax on personal-use cars.
Patron: Emmett W. Hanger, Jr.
Summary as introduced:
Establishes a joint subcommittee to examine the most efficient and equitable way to eliminate the tangible personal property tax on the first $20,000 of value of personal-use passenger cars, motorcycles, and pickup or panel trucks.
Referred to Committee on Rules.

Retail Sales & Use Taxes

HB 1634 Retail Sales & Use Tax; reduction of rate on food purchased for human consumption, effective date.
Patron: L. Preston Bryant, Jr.
Summary as introduced:
Provides that the retail sales and use tax on food purchased for human consumption shall be imposed at a rate of 2.5 percent on and after July 1, 2005 (1.5 percent state and 1 percent local). The bill accelerates the tax relief.
Referred to Committee on Finance.

HB 1635 Retail Sales and Use Tax; exemptions include food purchased for human consumption.
Patron: John J. Welch, III
Summary as introduced:
Exempts food for human consumption from the state sales and use tax.
Referred to Committee on Finance.

HB 1638 Retail Sales & Use Tax; reduction of rate on food purchased for human consumption, effective date.
Patron: Vincent F. Callahan, Jr.
Summary as introduced:
Reduces the rate of the state sales and use tax on food for human consumption to 1.5% beginning July 1, 2005. Under current law the rate of the state sales and use tax on food is 3%, and is scheduled gradually to be reduced to 1.5% by July 1, 2007.
Referred to Committee on Finance.

HB 1875 Retail Sales and Use Tax; exemptions include food for human consumption.
Patron: Ryan T. McDougle
Summary as introduced:
Exempts food for human consumption from the state sales and use tax.
Referred to Committee on Finance.

HB 2017 Retail Sales & Use Tax; reduction of rate on food purchased for human consumption, effective date.
Patron: Franklin P. Hall
Summary as introduced:
Provides that the retail sales and use tax on food purchased for human consumption shall be imposed at a rate of two and one-half percent on and after July 1, 2005 (one and one-half percent state and one percent local). The bill accelerates the tax relief.
Referred to Committee on Finance.

HB 2421 Sales and use taxes, reduction of rate on food purchased for human consumption.
Patron: Harry J. Parrish
Summary as introduced:
Provides that the retail sales and use tax on food purchased for human consumption shall be imposed at a rate of 2.5 percent on and after July 1, 2005 (1.5 percent state and 1 percent local). The bill accelerates the tax relief.
Referred to Committee on Finance.

HB 2339 Retail Sales & Use Tax; reduction of rate on food purchased for human consumption, effective date.
Patron: Clifford L. Athey, Jr.
Summary as introduced:
Provides that the retail sales and use tax on food purchased for human consumption shall be imposed at a rate of 2.5 percent on and after July 1, 2005 (1.5 percent state and 1 percent local). The bill accelerates the tax relief.
Referred to Committee on Finance.

SB 708 Retail Sales & Use Tax; reduction of rate on food purchased for human consumption, effective date.
Patron: John H. Chichester
Summary as introduced:
Provides that the retail sales and use tax on food purchased for human consumption shall be imposed at a rate of 2.5 percent on and after July 1, 2005 (1.5 percent state

and 1 percent local). The bill accelerates the tax relief.
Referred to Committee on Finance.

SB 751 Retail Sales & Use Tax; reduction of rate on food purchased for human consumption, effective date.
Patron: John S. Edwards
Summary as introduced:
Provides that the retail sales and use tax on food purchased for human consumption shall be imposed at a rate of 2.5 percent on and after July 1, 2005 (1.5 percent state and 1 percent local).. The bill accelerates the tax relief.
Referred to Committee on Finance.

SB 1193 Retail Sales & Use Tax; reduction of rate on food purchased for human consumption, effective date.
Patron: H. Russell Potts, Jr.
Summary as introduced:
Provides that the retail sales and use tax on food purchased for human consumption shall be imposed at a rate of 2.5 percent on and after July 1, 2005 (1.5 percent state and 1 percent local). The bill accelerates the tax relief.
Referred to Committee on Finance.